

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295021		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/05/2010	
NAME OF PROVIDER OR SUPPLIER SOUTHERN NEVADA MEDICAL AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2945 CASA VEGAS STREET LAS VEGAS, NV 89109			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the Medicare complaint investigation conducted at your facility on 8/5/10. The census at the beginning of the survey was 95 residents. Complaint #NV00026113 was substantiated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:			F 000			
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to promote care for residents in a manner and environment to enhance each resident's dignity by failing to ensure call lights were answered timely. Findings include:			F 241			8/19/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	<p>Continued From page 1</p> <p>On 8/5/10, the following observations were made:</p> <p>10:05 AM-call light on Room 122; several staff members observed walking past the room without answering the light; 10:10 AM, a staff member answered the call light;</p> <p>10:15 AM-call light on Room 224; five staff members observed walking past the room without answering the light; 10:21 AM, a staff member answered the call light;</p> <p>10:25 AM-call light on Room 222, which was across from the nursing station; two staff members at desk talking; 10:27 AM, one of the staff members left the desk and stood at the doorway of the room and inquired as to what the resident needed. The staff member did not enter the room to turn off the call light. The staff member replied, "I'll tell your nurse." The staff member proceeded to another room to inform the Certified Nursing Assistant (CNA) who was providing care to another resident that, "When you are finished here, Room 222 needs you." At 10:30 AM, a Registered Nurse (RN) entered Room 222, asked about the resident's need, turned off the call light and exited Room 222. The RN proceeded to find the same CNA providing care to the previous resident and told the CNA Room 222 needed her when the CNA was finished. At 10:40 AM, the CNA entered Room 222.</p> <p>On 8/5/10, the following responses were obtained from confidential interviews held with alert residents:</p> <p>10:50 AM, one resident indicated it could take up</p>			F 241			

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F 241	Continued From page 2 to 30 minutes to have a call light answered; 12:50 PM, one resident stated, "It takes about 15 minutes or longer for your call light to be answered." The resident indicated it took longer on the night shift. The resident also revealed he experienced one episode of bladder incontinence on the night shift due to the lengthy wait. 1:20 PM, one resident stated, "(it could) take up to 30-45 minutes for them to answer your light, especially at night. Sometimes at night, they don't come at all." The resident revealed he experienced one episode of bladder incontinence on the night shift due to the lengthy wait. At 2:40 PM, Employee #2 was informed of the observations and findings regarding call lights. Employee #2 indicated any staff member could initially answer the call light and if what was needed was beyond that staff member's capacity, the staff member could direct the request to an appropriate staff member.			F 241			
F 311 SS=D	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure Resident #1 received Continuous Passive Motion (CPM) treatments as ordered by the physician to maintain or improve the residents range of motion after bilateral knee replacement			F 311			8/19/10

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F 311	<p>Continued From page 3 surgery.</p> <p>Findings include:</p> <p>Resident #1 had bilateral knee replacement on 6/29/10. On admission to the facility on 7/2/10 the physician ordered the use of a CPM machine for 2 hour sessions twice a day.</p> <p>A review of the Physical Therapy notes indicated the resident received two hour sessions once a day by the therapy department. There was no documentation on therapy notes of a second session.</p> <p>On 8/5/10 in the afternoon, Employee #5 stated, "A licensed physical therapist must initially set up the CPM machine and fit it to the resident. The therapist then instructs the resident, any family members present, and the nursing staff on the use of the machine. The resident and family are taught as the resident will be sent home with the machine. After the initial set up and fitting, nursing staff can put the resident on the machine and take it off after two hours." Employee #5 indicated the facility practice for twice a day CPM sessions was the therapy department provided the 10:00 AM-12:00 PM session, and nursing provided the 3:00 PM-5:00 PM session. A review of Resident #1's record indicated on 7/3/10, on the routine MAR (Medication Administration Record) a licensed nurse had documented, "CPM B (bilateral) Knees, FYI (for information only)." There was no further information regarding the CPM machine session, nor initials of licensed nurses indicating sessions were administered.</p>			F 311			

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F 311	<p>Continued From page 4</p> <p>On 8/5/10 in the afternoon, after the interview with Employee #5, Employee #2 indicated the employee was unaware nursing was to provide the second CPM sessions for residents. Employee #2 indicated the therapy department was to provide both sessions.</p> <p>On 8/5/10 in the late afternoon, Employees #7 and #8 indicated nursing staff provided CPM sessions after the initial set up by the physical therapist. The employees indicated the sessions were documented on the MAR. When told of Employee #5's statement that therapy department provided one session a day, Employee #8 stated, "We (nursing) usually give the second session and both sessions on weekends."</p>			F 311			